STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
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DIRECTOR

MEDICAL DIRECTION & PRACTICE BOARD MEETING
FEBRUARY 15, 2006
MINUTES

In Attendance: S. Diaz, K. Kendall, D. Ettinger, P. Liebow, D. McKelway, E. Smith, M. Sholl

Staff: D. White, B. Woodard

Guests: C. Moretto, , J. LaHood, D. White, J. Regis, G. Brockway, R. Petrie (Ops rep), J. LeBrun, D. Batsie (Ed. Rep), N. Dinerman, W. Wertz, S. Leach, R. Ferre, D. Ciraulo, W. Waltz, R. Overlock, K. McGraw, D. Laslie, L. Metayer, S. Cook

Agenda

New Business

1. Minutes, December 2005 Meeting: review and acceptance
2. Legislative, Budget, and EMStar updates: Bradshaw -- information
3. EZ IO Training: Batsie and Leach
4. NAAK Training/Respiratory plan: Bastin
5. Electronic Run Report/Patient Sign Off: Smith/Diaz
6. Cardiac Advisory Committee: Diaz

Old Business

7. OLMC/Medical Direction: Diaz
8. Update of Airway and 12 Lead EKG QI: Diaz—informational
9. Diversion and Trip Destination Follow-up/Mental Health Transfers: Kendall and Diaz
10. Trauma Article: Diaz

11. PIFT Update: Diaz

12. Next Meeting March 2006

Minutes

A. New Business

13. Minutes from October 2005: First by Kendall, second by McKelway, unanimous approval.

14. Budget, EMSTAR and Legislative Updates by D. White: Nothing to report.

15. EZ IO Training: Hands-on training for the group, and flushed out the protocol.

Purple 3

"IO" in these protocols, means inter osseous access. IO may be used in any patient if an IV is not established within two attempts or 90 seconds and that patient has one of the following:

a) *Altered mental status (GCS≤8)*
b) *Respiratory Failure (SaO2≤80% after appropriate oxygen therapy, Respiratory rate <10, >40) with alteration of mental status.*
c) *Profound hypovolemia or hemodynamic instability (Systolic BP <90) with alteration of mental status*
d) *Cardiac Arrest (Medical or Traumatic)*

With discussion with OLMC, may consider IO placement for the following conditions:

a) *Profound hypovolemia (Systolic B/P <90 mm Hg)*
b) *Burn patients with bilateral upper extremity burns*

****IO is Contraindicated in the following conditions:***

a) *Fracture of the tibia or femur*
b) *IO within 24 hours*
c) *Knee replacement*
d) *Tumor near site*
e) *Inability to locate landmarks*
f) *Excessive tissue at insertion site*
g) ***IO access is not intended for prophylactic use.***

Approved Sites (one per bone):

a) *Anterior/medial Tibia*

The Cost of this is about $600.00 and this is an optional device. Need to have a rollout to services and hospitals. This will go to Education and then operations before coming back to MDPB with any changes for final approval. Protocol update with motion by Kendall, second by Sholl, with unanimous approval.

16. NAAK: hold over to next month

17. Electronic Run Report (ERR) and Sign offs: Discussion of the electronic form and what it looks like. Pace is using separate form as is Northstar. It looks as though services must have their own forms for now, but Woodard says the ERR can accommodate the language on the form. The services must keep sign

off forms and if State QI needs to restudy sign offs, the services would have the signed forms. Will check with Jay Bradshaw and bring this back next month.

18. ERR update Woodard: 1300 records to date and four services as of Jan 1, 2006. Feedback is available right away and training is ongoing.

19. Cardiac Advisory Committee (CAC): need to talk about 12 lead interpretation, training and QI; do we need to help with resources (machines) for those without and how do we do this; and need to template an educational program. CAC meeting will be set up for March.

20. OLMC: Diaz met with Busko, and Busko will let us know of his availability by next meeting but intends to help us with this.

21. Retreat: Will look to June 2006 to set our year goals and we probably need a retreat to discuss diversion, trip destination, mental health transfers, and other topics of this nature.

Next Meeting March 15, 2006